

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

(916) 445-7046



November 30, 1983

ALL COUNTY LETTER NO. 83-125

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY AUDITORS  
ALL COUNTY FISCAL OFFICERS  
ALL COUNTY ADMINISTRATIVE OFFICERS

SUBJECT: QUARTERLY REPORT OF RECOVERIES OF OVERPAYMENTS (AFDC) - FORM SSA 4972

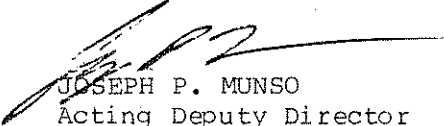
The purpose of this letter is to provide information regarding the above mentioned report.

On September 1, 1983, this department wrote the Department of Health and Human Services (DHHS), requesting clarification of their instructions for completing the SSA 4972 and requesting that California be granted a waiver to delay implementation until July 1, 1984. To date, we have received no formal response to our letter although we have been verbally advised that they are reviewing our request.

In order to give all counties as much lead time as possible, we have attached a copy of this report for review and information. We are unable at this time to expand on or further interpret the instructions on the reverse side of the form. We will provide further instructions as they become available.

Unless future instructions from us indicate otherwise, you should be prepared to submit the requested data to the extent provided by your current system. If you require additional copies of the forms, we request that you duplicate the attached form until such time as we receive and forward finalized forms.

If you should have any questions, please call Willa Wallen at (916) 323-0267 or ATSS 473-0267.

  
JOSEPH P. MUNSO  
Acting Deputy Director  
Administration

Attachment

cc: CWDA

# **QUARTERLY REPORT OF RECOVERIES OF OVERPAYMENTS (AID TO FAMILIES WITH DEPENDENT CHILDREN)**

**NOTICE:** This report is required by Section 402(a) of the Social Security Act. While completion is voluntary no grant may be awarded unless this statement is completed and filed.

RECIPIENT ORGANIZATION (NAME AND COMPLETE ADDRESS,  
INCLUDING ZIP CODE)

PERIOD COVERED BY THIS REPORT

FROM (Month, Day, Year):

TO (Month, Day, Year):

ITEMS	CASES		AMOUNTS	
	CURRENT	FORMER	CURRENT	FORMER
1. Balance of overpayments at beginning of quarter.				
2. Overpayments identified during quarter.				
3. Reduction of assistance payments.				
4. Cash collections.				
5. Overpayments for which collection will not be pursued.				
6. Overpayments fully recovered.				
7. Balance at end of quarter.				
DATE	TITLE		SIGNATURE	

**INSTRUCTIONS FOR COMPLETING FORM A-4972  
QUARTERLY REPORT OF RECOVERIES OF OVERPAYMENTS**

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**A. GENERAL**

In accordance with Section 402(a)(22) of the Social Security Act and 45 CFR 233.20(a)(13), State agencies administering or supervising the administration of the Aid to Families with Dependent Children Program under Title IV-A of the Social Security Act are required to recover overpayments from current and former recipients. This form provides for the reporting of these activities. This report must be submitted no later than 30 days after the end of each calendar quarter. An original and one (1) copy of the report should be sent to:

U.S. Department of Health and Human Services  
Social Security Administration  
Office of Family Assistance  
Office of Financial Management  
2100 Second Street, S.W.  
Washington, D.C. 20201

At the same time, a copy of the report should be forwarded to the appropriate Regional Administrator for Family Assistance.

**B. DEFINITIONS**

**a. Overpayment**

An overpayment is that part of an assistance payment to or for an assistance unit which exceeds the amount for which the assistance unit is eligible. The total payment to an ineligible assistance unit is an overpayment.

**b. Overpaid Cases**

Current. Current overpaid cases are those cases with identified overpayments currently receiving AFDC payments. (If recovery reduces the payment to zero members of the assistance unit are still considered recipients of AFDC). The determination of status is based on the status of the cases as of the last day of the quarter being reported upon. The number of overpaid cases are to be entered in the appropriate columns.

Former. Former overpaid cases are those cases with an identified outstanding overpayment which at one time received AFDC payment but are no longer receiving payments. The determination of status is based on the status of the case as of the last day of the quarter being reported upon. The number of overpaid cases are to be entered in the appropriate columns.

**c. Case Count Overpayments.** When overpayments are identified for a case that was overpaid more than once during the quarter, or during the current quarter and other quarters, count the case only once for the purpose of this report.

**Case Count Collections.** When the assistance payment is reduced or cash is collected more than once during the quarter, count the case only once for the purpose of this report.

**d. Dollars**

Current. This represents the dollars for the overpaid cases itemized in the current column. Include the total amount not just the Federal share.

Former. This represents the dollars for the overpaid cases entered in the former column. Include the total amount not just the Federal share.

**C. DETAILED INSTRUCTIONS**

**Recipient organization—**Enter the name and complete address, including the zip code, of the recipient organization for which the report is being prepared.

**Period covered by this report—**Enter the beginning and ending dates of the calendar quarter being reported upon.

Line 1. Enter the number of cases and dollars for overpayments that were identified prior to the quarter being reported upon. These balances should correspond with the figures on line 7 of the previous quarter's report.

Line 2. Enter the number of cases and dollars for overpayments identified during the quarter. Overpaid cases and amounts reported on this line may have been overpaid in prior quarters, the current quarter, or both. These cases will be cases not included in the count on line 1. Newly identified overpayments to cases included in the case count on line 1 will be included on Line 2.

Line 3. Enter the number of cases and dollars for which recovery was obtained through the reduction of AFDC grants during the quarter.

Line 4. Enter the number of cases and dollars for which recovery was obtained through cash collections during the quarter. Cases for which collections were made during the quarter for both grant reduction and cash collection should be counted on line 3 and line 4.

Line 5. Enter the number of cases and dollars for former cases determined during the quarter to be uncollectible in accordance with State policies and/or law.

Line 6. Enter the number of cases for which overpayments have been fully recovered.

Line 7. Enter the balance of overpaid cases and dollars at the end of the quarter. The number of overpaid cases is computed by adding Line 1 and 2 and deducting Lines 5 and 6. The overpaid dollars are computed by adding Lines 1 and 2 and deducting 3, 4, and 5.

**CERTIFICATION:** Complete and sign the certification of the report. It should be signed by the Executive Officer of the State/jurisdiction agency or designated representative. Copies of the report may carry the signatory's stamped signature.